PUBLISHED ON AUG 12, 2020

Video Transcript

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JOHN WHYTE: You're watching Coronavirus in Context. I'm Dr. John Whyte, chief medical officer at WebMD. Today, I'm joined by Dr. Robert Redfield, the director of the Centers for Disease Control and Prevention. Dr. Redfield, thanks for joining me.

ROBERT REDFIELD: Great to be here. Thanks for having me.

JOHN WHYTE: You're a virologist by training. What has surprised you about this novel coronavirus?

ROBERT REDFIELD: Well, you know, I think that it's important that we don't really know this virus very well. We just got introduced about seven months ago. I think the things that surprised us the most-- me the most-- was how infectious this virus is. You know, when we saw that it was a coronavirus, I think we were thinking it was going to be more like SARS or MERS.

Or even with the first cases we identified in the US, the first 12 cases that we did contact tracing in over 850 people, we only found two of those contacts, who were infected both spouses. So we-- we had a view that this virus was probably going to be more like MERS and SARS, but we rapidly understood that this is a highly infectious disease.

And I think that's probably the first thing that surprised us. And the second thing is that, probably for a majority of individuals under the age of 50, it's disproportionately asymptomatic. And I think those were the two things that we learned. I wish we had been invited in early. I had asked my counterpart George Gao, you know, to have us come join in back on January 3, to put CDC in to work alongside him, to try to understand the outbreak as it was unfolding in Wuhan.

You know, I think if we had been able to get in at that time, we probably would've learned quicker than we learned here that, in fact, it is highly infectious and two,

that asymptomatic disease is going to be a critical hallmark of this infection.

JOHN WHYTE: While we're at 5 million cases. But as you know, to put it in perspective for our listeners, we're at 4 million cases roughly, you know, three weeks ago. So the trajectory in terms of the number of new cases is higher than we would like. How do you think we got to 5 million?

Is it people aren't doing the safeguards that they need to be doing? Are people not taking it seriously? I was told you're in one of the old war rooms in the old executive office building. How are we doing in this war against COVID 19?

ROBERT REDFIELD: Well, I think you're right. It is a war. I think the first thing that I'd like to say is that we're pretty confident that this virus slowly entered the United States in late January and February. And there wasn't extensive infection throughout February. We have about five different lines of evidence to support that conclusion that we've published.

But clearly in March, there started to be more introduction, particularly from Europe and basically ceded large parts of the United States. When we looked at March, April, and May, we had about 2 million infections that were diagnosed, as you alluded to. What's interesting, we went back and do antibody testing during that period.

We actually had evidence that, for every one case that was diagnosed, there was actually 10 more infections. Probably in those first three months, we actually had 20 million people in. But if you divide 20 million by 90 days, you can see that we're looking at probably over 200,000 infections a day even though we were only recognizing 10,000 or 15,000.

JOHN WHYTE: Dr. Redfield, we're over 160,000 deaths in the United States so far. Do you expect COVID to be a leading cause of death by the end of the year?

ROBERT REDFIELD: You know, John, I think it's-- it's clearly going to be one of them. If you looked back and used our surveillance systems that we have-- and we

have one that looks death by pneumonia. And we had either pneumonia, influenza like illness, or COVID like illness. And they really all probably represented COVID.

At one point in time in April, early May, 27% of all deaths in the United States was caused by pneumonia, influenza, or a COVID like. So clearly-- and I can show you the curve-- a huge spike when this outbreak hit New York and then the follow up deaths. So it's clearly going to be a major cause of death in the United States.

Luckily, the mortality is improving really for two reasons. One is we're recognizing more infections, so the denominator is different. But also we really are getting better as physicians and managing these patients. Good recognition of the hypercoagulable state. The importance of anticoagulation. The recognition that steroids has a role in advanced disease.

The earlier ability to use remdesivir. So the mortality, I think, continues to decline.

JOHN WHYTE: Yeah. We've also changed ventilator protocols as well. We're not treating it as much as the.

ROBERT REDFIELD: Very important, that the agent in ventilator protocols, as you know. And I think we've learned a lot in escalations-- I'm an internist too-- and how to manage these patients. And hopefully, we'll see on the horizon not too distant-- we'll see additional new therapeutics come into add to the armamentarium that clinicians have.

So-- and eventually this virus is going to have its day. It's either going to infect a majority of the global population, or we're going to have a biological countermeasure, that's going to be an effective vaccine, that's going to prevent it from affecting [INAUDIBLE].

JOHN WHYTE: [? We only hope. ?] Let's talk about vaccines. But first I want to talk about the flu vaccine. And you've been talking about and cautioning how important it is, especially this year, to get the flu vaccine as we fight COVID. Last year, you know, roughly not even

50% of those that should I've gotten the flu vaccine received it.

How do you think we're going to do better this year? And remind viewers why it's so important this year.

ROBERT REDFIELD: You know, it is really important. And I've said if there's one thing we all can do besides the importance of wearing a mask, social distancing, hand washing, and be smart about gatherings-- that basically ultimately prepare ourselves, for the fall, to get the flu vaccine. As you mentioned, about 47% people got the flu vaccine.

JOHN WHYTE: CDC often recommends the goal is 60% to 70%.

ROBERT REDFIELD: That's right. Yeah, my goal this year was to get it up to 65%. And I think one of the messages we're trying to do is that really switch it from the anti vax or vaccine hesitancy that the campaign of to vaccinate with confidence. You know, and trying to tell the American public, please don't leave this important

accomplishment of American medicine on the shelf for yourself, your family, your church, your-- your workforce.

By getting vaccinated, you can protect your children. Clearly, when we look at the mortality that we see with flu, one thing is for certain. The kids who get vaccinated, they basically get protected against death. It also has an impact on the rest of us in terms of severity of illness and hospitalization.

Some people don't realize. In the last 10 years, 360,000 people died in this country from flu. Flu is a major cause of death. We have a biological countermeasure and a vaccine, and we do have treatment. And this is the year I'm asking people to really think deep down about getting the flu vaccine.

We've worked with industry. Industry is plussing up the amount of vaccine they're going to make available. So probably over close to 100 million doses this year. 190 million doses. The CDC and myself, we've purchased an extra 10 million doses. Normally, we only purchase about 500,000 doses for uninsured adults to give to the States.

This year, I've purchase 10 million doses for uninsured adults of the States to make sure States can get this flu vaccine now. And the real reason is we're going to have COVID in the fall, and we're going to have flu in the fall. And either one of those by themselves can stress certain hospital systems.

I've seen hospital intensive care units stretch by a severe flu season, and clearly, we've all seen it recently with COVID. So by getting that flu vaccine, you may be able to then negate the necessity to have to take up a hospital bed. And then that hospital bed can be more available for those that potentially get hospitalized for COVID.

JOHN WHYTE: Let's talk about the COVID vaccine. How optimistic are you that we'll see a vaccine early next year? And can you give us a better sense of time frame? As you know, Russia announced today, Sputnik V, their vaccine is approved while they're still in phase two. So how realistic is it that we're going to have something January, February? Or are we thinking more later first quarter?

ROBERT REDFIELD: I'm very cautiously optimistic that we're going to have one or more vaccines deployed before the first of the year. Right now, this operation work speed-- I'm on the board of it. I've been in vaccine development all my life. And the [INAUDIBLE] plus years I've spent in the military at Walter Reed and then at the University of Maryland, I've never seen vaccine development move like this.

There's actually a very effective private public partnership with the private sector. And there's six vaccines now that are moving forward extremely rapidly. Three of which now are already in phase III trials. And I suspect there'll be a fourth. So very optimistic that we're going to have one or more vaccines available.

I want people to realize, since we're going so fast, some people worry about we're cutting corners. And really there's no scientific integrity to cut-- corners being cut. There's no corner cut for safety. The corner that we're cutting is the investment in being able to make the vaccine. So when companies are ready for phase III

trials, the US government started production of 100 million doses of the vaccine, as if it was going to work.

JOHN WHYTE: But in fairness and timelines, we're in August. You know, some of the industry had 5,000. They still need 25,000 more participants to, you know, reach their phase III [INAUDIBLE]. People still have to catch the virus, right? And then we have a control group that we have to compare to.

So the timeline is pretty compressed if we're thinking of something by the end of the year. Isn't that right? Early next year and then it still has to be reviewed.

ROBERT REDFIELD: Very quickly, if there's any light to the fact of the sudden surge and the challenge of all the new cases we're having is, you know, a number of the trial sites are up and running. They started two weeks ago. They're enrolling very rapidly. I do think they'll all have their enrollment done between now and the end of September. And, uh-- and then we'll see what the data shows.

The other thing I want to say that's so different and so important here is, unlike the trials that you may have been involved with, and I know I was involved with, we're not excluding the elderly.

JOHN WHYTE: That's right.

ROBERT REDFIELD: So you can actually get in the trial if you're 65 or 70-year-olds. We're not excluding people with diabetes, and obesity, and heart disease, which normally don't get in trial. We're not excluding pregnancy. So the high risk individuals, that we're hoping this vaccine is used for, are being included in these phase III trials, so we can determine whether it's potentially going to have a immunogenicity and safety in the population at most risk. Because that's really where we want to get this vaccine as quick as possible.

JOHN WHYTE: My understanding was that there aren't anyone enrolled under age 18. Is that right?

ROBERT REDFIELD: You're right [? there. ?] The current trials have not included children. That doesn't mean

there's not going to be companion trials. But now all the trials over 18. But unlike many of them that I've been involved in the past that don't enroll people over the age 45, this one's enrolling people all the way up to over 70. Same with multiple medical illnesses.

So they'll have to be follow-up trials for children under the age of 18, but clearly, there's a comprehensive trial right now that will accommodate the people that are either most at risk because of comorbidities and age or are most at risk because of their jobs. You know, there are physicians, nurses, intensivists, et cetera.

JOHN WHYTE: What does Thanksgiving look like this year, Dr. Redfield?

ROBERT REDFIELD: Well, I pray it is a moment of Thanksgiving. You know-- you know, this whole thing started for me on New Year's Eve. And I can say it's been-- it's just been all hands on deck since then when I got my first call about the new mysterious pneumonia in China on December 31.

Clearly, it's almost a tale of two cities. If the American public will really take to heart what I've asked, wear a mask, the social distance, to use great hand-- hand hygiene, and to be smart about crowds, and we all do that. And I keep telling people, I'm not asking some of America to do it. We all got to do it. This is one of those interventions that got to be 95%, 96%, 97%, 98%, 99%, if it's going to work for us.

JOHN WHYTE: Why can't we get people to wear masks? It seems like a small price.

ROBERT REDFIELD: Well, we got to keep trying. We've got to keep trying. You know, I was-- it's interesting. It's very different in different cities. You know, I was recently in an area where I-- you know, three, four, five-year-olds were all wearing their masks. Every-- all the parents. I didn't see anybody without a mask.

But I've been in other areas where it's the opposite. We really do need to get the mask really does work. It's really important. So when you ask me what Thanksgiving's going to be like, I think it's just dependent

upon how the American people choose to respond. We're going to continue to try to do what we can to be effective.

In-- in speaking, I've said before, when John Kennedy said, "don't ask what your country can do. Ask for what you can do for your country." Kind of try to paraphrase that. For your country right now and for the war that we're in against COVID, I'm asking you to do four simple things. Wear a mask, social distance, wash your hands, and be smart about crowds.

You do those four things, it will bring this outbreak down. But if we don't do that, as I said last April, this could be the worst fall from a public health perspective, we've ever had.

JOHN WHYTE: Tell us what you miss, Dr. Redfield. Is it you miss traveling? How has this impacted you personally?

ROBERT REDFIELD: Well, first, when I decided to accept the opportunity to be the CDC director, I had to give up

something that I really love dearly, and that's the practice of medicine. I've cared for with some of my patients with HIV for more than 25 years. In a way, I'm looking forward to, when my tour of duty is over, get back to the practice of medicine, because I truly love practicing medicine.

At CDC, I think what's really is the intensity of what we're doing. You know, love someone like yourself to get into the agency and see how much is going on. I mean, there are thousands and thousands of people working 24/7 on this pandemic. And the fact is that really all of our focus is on this pandemic right now.

I have other important initiatives. Ending the AIDS epidemic in America, that the president started, that we're still committed to, you know. But obviously, some of that effort gets sidetracked. Getting tobacco use in children. All the progress we've made with these cigarettes. Want to get that back on.

Making progress on maternal mortality. You know, there's no reason why 700 to 800 mothers have to die in this country every year giving birth to babies.

JOHN WHYTE: Women of color particularly.

ROBERT REDFIELD: That's right. And the progress that we're trying to make in getting people treated for hepatitis C, virus with diabetes. So there's a lot of programs. And when you look at the collateral damage of the COVID, it is that we've all had to turn our focus disproportionately.

I tell my colleagues at CDC, please, you know, do the extra effort to keep the main programs you're doing moving forward, which is not a time to lose ground. You know, I think the last seven months have been just, just as you said before, we're kind of in a war. I will say we're in a war.

And I hope people realize, and one of the things I recognized when I became the director, we really haven't invested, in this nation, in the core capabilities of public

health. It's always been something we left, you know, for leftovers. And hopefully, I've tried to make the argument. Now is the time to invest in public health.

Data, data analytics, predictive data analysis, laboratory resilience in our public health labs, public health workforce. You know, we have some states that we're down to less than 40, 30, 20 contact tracers. And then, of course, we need to have the emergency resources to operationalize that with a global footprint, and hopefully pick these things up where they start, and to put them out before they become here.

That's one of my hopes that we'll take from this is that people now realize that public health matters. This nation is going to spend somewhere between $3, 4, 5, 6, 7 trillion in responding to this pandemic. And I do think if-- if-- if we could make that investment in those core capabilities, data lab people. And make sure we do it for the whole nation.

I think many people may not realize CDC is the background funding for the public health infrastructure of

every city and every state in this nation. We need to over-invest. Get over-prepared. I will say that-- that in four or five decades of investment when this-- when the big one came.

And this is not a minor one. This is the greatest public health crisis that hit this nation in a century. That we were under-prepared. And we need to owe it to our children and grandchildren that this nation is never under-prepared again for a public health crisis.

JOHN WHYTE: Well, Dr. Redfield, I want to thank you and all of your colleagues at CDC for working tirelessly to protect us, you know, during this time of the pandemic. And I hope we can check in with you to discuss some of those other priorities, that that CDC is working on, to really protect and advance the health of Americans. And as you said, really refocus and invest in public health and public health strategies. Thank you.

ROBERT REDFIELD: Thank you very much. We look forward to that. God bless.

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